

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010760

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

148

STATE FILE NUMBER

FILED MAR 18 1963

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY OR TOWN <u>ILLMO</u>	
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION <u>Rose Hill Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>_____</u>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>(N.M.I.)</u> Last <u>SHIPTON</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 8, 1881</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Farmer (Ret)</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	10. BIRTHPLACE (City and state or country) <u>Williamsville, Mo</u>	11. CITIZEN OF WHAT COUNTRY <u>USA</u>
12a. FATHER'S NAME <u>Frank Shipton</u>		12b. MOTHER'S MAIDEN NAME <u>Mary Lightner</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No</u>)		14. NAME OF HUSBAND OR WIFE <u>Mrs Mollie Shipton</u>	
15. SOCIAL SECURITY NO. <u>_____</u>		16. INFORMANT Address <u>Mrs Mary (Mollie) Shipton Illmo, Mo</u>	
17. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>_____</u> DUE TO (b) <u>PYELO NEPHRITIS</u> DUE TO (c) <u>_____</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis - Generalized</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>_____</u>	
20c. TIME OF INJURY Hour <u>_____</u> a.m. <u>_____</u> p.m. <u>_____</u> Month, Day, Year <u>_____</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>		20f. CITY, TOWN, OR LOCATION <u>_____</u> COUNTY <u>_____</u> STATE <u>_____</u>	
21. I attended the deceased from <u>JULY 1960</u> to <u>3-11-63</u> and last saw him alive on <u>3-10-63</u> Death occurred at <u>2 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr Marshall G. J. and</u>		22b. ADDRESS <u>Illmo Mo</u>	
22c. DATE SIGNED <u>3-11-63</u>		23a. BURIAL CREMATION, REMOVAL (Specify) <u>Buried</u>	
23b. DATE <u>3/13/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	
23d. LOCATION (City, town, or county) <u>Cape Girardeau, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>BISPLINGHOFF FUNERAL HOME</u>	
25. DATE RECD. BY LOCAL REG. <u>3-13-1963</u>		26. REGISTRAR'S SIGNATURE <u>_____</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Illmo. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.